Exhibit 8

Derth Certificate of Donna's Chu's Dad at 100, after being sich for years and needing to be taken care of bed-ridden, after wife passed away a year before with roud-the-clock home aides with Down reedity to do a dozen or more Cross - county trips to New Jesey from Califria to oversee. Then the following year cleaning ap the estate & house for resole.

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

Record Contains Amendment

B0008661613

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

| NEW | JERSEY | DEPART | MENT | OF HEA | ALTH |
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| the | ny (First, Middle, Last, S | Suffix) | | • | 7.10 | Hills. | | |
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| r p | | | 10 mm | | | | | |
| | ial Security Number | 10 No. | 4a. Age | | Take Take | 5. | Date of Birth | (Mo/Day/Yr) |
| Mate 129- 6. Birthplace (City & State/Fore | 18-0503 ian Country) | | 100 Years | | - | | 12/05/1916 | |
| Sunwul, Canton, China 7a. Residence-State | 7b. County | 4 | | 7c Mu | nicipality/Cit | | | |
| New Jersey 7d. Street and Number | Bergen | 4000 | To Anthro | | eck Towns | nip | | g. Inside City Lin |
| 558 Gail Court | | | 7e. Apt No. | nel p | 7f. Zip 0 | 1 1 | | yes |
| 8a. Ever in US Armed Forces? No | 1 19 | Language . | | 制制排標 | Service Da | | · | |
| Domestic Status at Time of C Widowed | | 0. Name of Sur | viving Spouse/ | Partner (Na | me given at | birth or on | birth certifica | (e) |
| 11. Father's Name (First, Middle Gum Foo Chu | e, Last) | 4: V | Ti . | | 4.5 | - 1 | Hi illi | |
| 12. Mother's Name Prior to Firs Ng Ding Chu | t Marriage (First, Middi | e, Last) | | 4 | | e la | | |
| 13a. Name of Informant Leanne Chu | N. W. | | | | aid | | 13b. Relati Daughte | onship to Decede |
| 13c. Mailing Address (Street an 210 W. 70th Street Apt. 150 | nd Number, City, State, | Zip Code) | | | | 11 191 | | |
| 14. Method of Disposition. | 15. Place of Disposition | | netery, cremato | ry, olher) | 71 | 16. Locatio | n- City & Sta | ie/Foreign Count |
| Cremation | Cedar Lawn Crema | tory | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ACTOR IN | Paterson | City, New | lersey |
| 17. Name and Complete Addre Volk Leber Funeral Home-T | se of Funeral Facility eaneck, 789 Teaneck | Rd, Teaneck. N | IJ 07666-4243 | | | | | |
| 18. Electronic Signature of Fund | | | 21,194.4 | | . s. | | | NJ License Num |
| Kurt D Larsen 20. Decedent Education | | arille and old | 21. Deceder | nt of Hispan | ic Otioio2 | | e Para la | 3JP00484500 |
| High school graduate or GE | ED completed | | | | nic / Latino | | | dian; Chinese |
| 23. Occupation of Decedent (7) | *218/4/23. *2 | of life, even if re | (0.10) | 1 120,10, | Business/Ind | ustry | Asiaitii | |
| Business Owner 25. Name and Address of Last I | Employer | | 198 | Retail | | | | , spine . |
| Self Emptoyed, Wood-Ridge 26. Date Pronounced Dead (Mo | e, NJ 07075 | 28 Name of F | Person Pronou | ncina Death | | | | |
| 03/04/2017 | Joay III | | Parmar | nong oout | | 100 | | |
| 27. Time Pronounced Dead (24 1505 | 29. License 25MA080 | | | | | 30. Date 03/04/2 | Signed (Mo/L | Day/Yr) |
| 31. Date of Death (Mo/Day/Yr) | | | 33. Was Mo | edical Exam | iner Contac | | 34. Place of I | Death |
| 03/04/2017 | 1505 | 1505 No | | | | | Hospital: Inpatient | |
| 35a. Facility Name (If not institution Hackensack University Med | ition, give street and nu lical Center | mber) | | | | | 7. | |
| 35b. Municipality Hackensack City | | | | | 35c. Count | , | | in the second |
| CAUSE OF DEATH. 368. PA | ART I - IMMEDIATE CA | USE - final dise | ase or condition | n resulting | in death. Su | bsequently | list condition | s, if any, leading |
| Immediate Cause | isted on Line a. Enter ti | | G CAUSE (dis | ease or inju | ry that initial | ed the eve | Interval Be | ween Onset and |
| a. acute respiratory failure w Due to (or as a consequence of | alanna any mpiyata na batana ny mandana dia mpika mpika mpika karin. | heart fallure | 5(A)) | alia Parasi Natio | - | | few days | Antigo Paliting (R ^{and}) is a the Paliting Care |
| b. sepsis with bacteremia wi | th Staphylococcus , I | nfluenza A H3 i | nfection | | 1111111 | | few days | |
| c. herpes simplex and candi Due to (or as a consequence of | da infection of mouth | | | | 4.11 | | few days | |
| Due to for as a consequence of | e cancer | | *44 | | | marks. | few year | • |
| d. copd on home O2 prostate | ficant conditions contrib | outing to death b | ut not resulting | in | 37. Was an | Ib. William | | 124 |
| d. copd on home O2 prostate 36b. PART II - Enter other signifunderlying cause given in PART | | 41.75 | California, | | 38. Were A Death? | ntopsy Find | lings Availab | le to Complete C |
| 36b. PART II - Enter other signifunderlying cause given in PART | | | 1.74 | 1 | | | | ing single in |
| 36b. PART II - Enter other signif | 40. Time of Injury (| 24-hir) 41. Pl | ace of Injury (e | .g. home, c | Not Appl | | rant) | 42. Injury at work |
| 36b. PART II - Enter other signifunderlying cause given in PART HTN Hyperlipidemia 39. Date of Injury (Mo/Däy/Yr) | | S. But | | .g. home, c | Not Appl onstruction | site, restau | . 4 | ite. i |
| 36b. PART II - Enter other signifunderlying cause given in PART HTN Hyperlipidemia 39. Date of Injury (Mo/Day/Yr) 43a. Location of Injury (Number | and Street, Zip Code) | S. But | ace of Injury (e | e.g. home, c | Not Appl onstruction | site, restau | , 1 | 43d. Stat |
| 36b. PART II - Enter other signifunderlying cause given in PART HTN Hyperlipidemia 39. Date of Injury (Mo/Däy/Yr) | and Street, Zip Code) | S. But | | .g. home, c | Not Appl onstruction | site, restau | . 4 | 43d. Stat |
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| Case 3:22 CV- | 0045 18-0503 | 7-SK Do | cument 1-8 | Filed 01/24 | | Page 3 of 3 | |
|--|--|---|--|---|--|--|---------|
| S. Birthplace (City & State/Fore | ign Countr | y) | 是1600年 | | | 21.70 | EC |
| Sunwui, Canton, China 'a. Residence-State New Jersey | 71 | b. County Bergen | | 7c. Municipality/City Teaneck Townsh | | EXAM) | ٤ / ر |
| d. Street and Number 558 Gail Court | | | 7e. Apt No. | 7f. Zip C 07666 | | 7g. Inside City Let Yes | |
| a. Ever in US Armed Forces? | 81 | b. If Yes, Name of W | far: | 8c. War Service Dal | | AND RESIDENCE OF THE PROPERTY | |
| No Domestic Status at Time of I | Death | | e of Surviving Spouse/P | artner (Name given at | birth or on bi | irth certificate) | |
| Widowed :: . Father's Name (First, Middle | e. Lasi) | " | Alt all | 8. | | | |
| Gum Foo Chu | | 4F* - 1 A4* - 1 11 | | | | | |
| . Mother's Name Prior to Firs Ng Ding Chu | t Marriage | (FIFSI, MIDDIE, LESI) | | | ' | | |
| Ba. Name of Informant Leanne Chu | | | | - JAN | | 13b. Relationship to Deced Daughter | |
| c. Mailing Address (Street ar 210 W. 70th Street Apt. 150 | | | le) | | | | |
| 4. Method of Disposition | - | | e of cemetery, crematory | r, olher) | 16. Location- | City & State/Foreign Count | על |
| Cremation | Codori | Lawn Crematory | | | Beterren (| City, New Jersey | |
| 7. Name and Complete Addre | | | | | Paterson | City, New Jersey | |
| Volk Leber Funeral Home-1 | eaneck, 7 | 89 Teaneck Rd, Tea | meck, NJ 07668-4243 | | | Loo Nu Company | |
| 3. Electronic Signature of Fun Kurt D Larsen | erai Directo | or * | (4). | arile . | | 19. NJ License Nun 23JP00484500 | mer . |
|). Decedent Education | | of its | 21. Decedent | of Hispanic Origin? | | 22. Decedent Race | |
| High school graduate or GI | ED comple | ted | Not Spania | h / Hispanic / Latino | | Asian Indian; Chinese | |
| 3. Occupation of Decedent (T | - | stellage well to | . 100 10. | Kind of Business/Inde | ustry | 74,465,365 | |
| Business Owner . Name and Address of Last | Employer | | 5.JU | Retail | | Will the second | |
| Self Employed, Wood-Ridg | | | | | , da | | |
| Date Pronounced Dead (Mo 03/04/2017 | o/Day/Yr) | | ame of Person Pronounce Lastru Parmar | cing Death | | | |
| . Time Pronounced Dead (24 | Lhij | 29. License Number 25MA08017900 | | | 30. Date Si 03/04/20 | gned (Mo/Day/Yr) 17 | |
| I. Date of Death (Mo/Day/Yr) | THE R. P. LEWIS CO., LANSING, MICH. 49-140-140-1 | Time of Death (24-) | nn) 33. Was Med | lical Examiner Contact | CONTRACTOR OF STREET | I. Place of Death | |
| 03/04/2017 | 1 | 1505 | No | | | Hospital: Inpatient | |
| a. Facility Name (If not institu | | | | 1 | | The state of the s | 27 |
| Hackensack University Med b. Municipality | lical Cente |)F | | 35c. County | | | |
| Hackensack City | 11.11 | 1 | | Bergen | | A STANLEY OF STANLEY | |
| CAUSE OF DEATH: 36a. P. | ART i - IMN listed on Li | MEDIATE CAUSE - fi ne a. Enter the UND | inal disease or condition ERLYING CAUSE (dise | resulting in death. Sul ase or injury that initiat | bsequently li ed the event | st conditions, if any, leading a resulting in death) LAST. | to the |
| mediate Cause acute respiratory fallure v | otth Amuto | | 11 | | | Interval Between Onset and few days | l Death |
| ue to (or as a consequence o | 0: | , 69° 48° 8° 8° | - ali 198: | 4/8 | | Total Carlos | |
| sepsis with bacteremia w | | lococcus , Influenz | a A H3 infection | | | fewidays | |
| herpes simplex and candi | | on of mouth | | | | few days | |
| ue to (or as a consequence of copd on home O2 prostat | | | | | | few years | a, Tev. |
| b. PART II - Enter other signi | ficant cond | itions contributing to | death but not resulting | in 37. Was an | Autopsy Per | | |
| iderlying cause given in PAR | | | | | | ngs Available to Complete C | |
| ITN Hyperlipidemia | | | | Death? | icable | | |
| . Date of Injury (Mo/Day/Yr) | 40. Tin | ne of Injury (24-hr) | 41. Place of Injury (e. | g. home, construction s | THE RESERVE AND PERSONS ASSESSED. | nt) 42 Injury at wor | k? |
| a. Location of Injury (Number | r and Stree | t, Zip Code) | 43b. Municipality | T | 43c. County | 43d. Sta | |
| . Describe How Injury Occur | hed | | | | 45. If To | ansportation Injury: | |
| | | | | | | | |
| Means of Death 1 49 | | 47. Did Decedent | 48. Did Tobacco Use | 40 If Samela Braza | namu Cinto | | |
| . Manner of Death | | Have Diabetes? | Contribute to Death? | 49. If Female, Pregr | ianty State | | |
| Natural | | No | Probably | Not applicable | | | 1. |
| . Certifier Type | đ | 51. Name, Ad Madhu Pan | dress, and Zip Code of (| Sertifier | | | |
| Pronouncer and Certifier | | | Dock Road, Closter, I | IJ 07624 | | | |
| Electronic Signature of Cert Mashu Parmar | ifier | 7- 2 | di lan | 53. License Number 25MA08017900 | ette | 54. Date Certified (Mo/Da 03/05/2017 | y/Yr) |
| JAMES OF A COLUMN | . The dista | he is a second | · Statte | 23110400017300 | THE STATE OF THE S | 03/08/2017 | |
| Electronio Signature of Loca Laura Turnbull | al Registrar | | ation and a | 56. District No. | 57. Date | Received Case ID N | |

DATE ISSUED: March 15, 2017

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the

issuina municinality or county is affixed hereon



